SELF-CARE PRACTICES, PROFESSIONAL QUALITY OF LIFE & CHALLENGES: AN EXPLORATION AMONG COUNSELLORS IN KERALA

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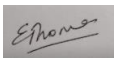
Approved by Name of Supervisor : Dr Vijayalaya Srinivas Signature Name of RAC Member : Dr Jayasankar Reddy Signature Name of RAC Member : Dr Elizabeth Thomas Signature  Name of External Reviewer, if applicable : Signature	

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Abstract

The profession of Counselling continues to prove its importance in today's fast-paced world where pausing down and listening to someone are becoming an odd and luxurious concern of people. The counsellor may feel as though they are in a marathon which demands that they continuously offer unconditional positive regard and empathy. This may leave them incapacitated to look into themselves, and to recognise what is happening to them in this process of caring for others. Though serious discourses take place in the international scenario about the criticality of rendering to the needs of counsellors, evidence-based studies and effective interventions in this regard are still lacking in the Indian context. This study seeks to fill this gap by exploring how the positive and negative feelings of continuous caring affect the professional quality of life of counsellors, what are the self-care mechanisms they are adopting and which are the professional issues they are most concerned about. To meet these objectives, the present research employs a mixed-method design in a sequential explanatory fashion. The study encompasses three different phases wherein phase I and II the sample consisted of counsellors working in various government projects in Kerala selected through dense sampling method. In phase III counsellor experts with more than 20 years of experience in the field are considered through purposive sampling. Findings describe that counsellors tend to follow an unbalanced self-care routine with very less focus on professional aspects. The presence of a high risk of burn out and secondary traumatic stress with a moderate feeling of compassion satisfaction derived out of professional practices call for immediate interventions for counsellors. Lack of benefits, safety issues, concerns about professional identity, poor working condition, absence of career prospects and lack of professional credentials are the major challenges identified by the counsellors. In view of these challenges, a set of recommendations are presented by counsellor experts which suggest reformations at both systemic level and academic formation. The need for being decidedly spirited to attain goals for personal self and professional self is also highlighted in the recommendations. Implications exist for policymakers and counsellor educators to create an avenue for supporting a healthier and sustainable counsellor workforce.

Key Words: Counsellors, Self- Care Practices, Professional Quality of Life, Challenges

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Background of the Study

Research studies and National Mental Health surveys bring out the fact that rapid and radical changes in the socio-political spheres of India in recent decades had heavily impacted the mental health domain of its people. In accordance with the situation, the need for counselling and other mental health services are on the rise. But the growth and development of counselling as a profession is not happening in par with the demand for the service. India is yet to set parameters for counsellor education, training, and professional practice. These challenges can have very adversarial effects on the quality of service delivery and the outcomes. Though some of the previous studies looked into the poor status of the profession, the voice of the persons who are currently practising as counsellors is scarcely addressed.

Need for the Study

For the last few years, a comparatively large number of counsellors have been appointed in Kerala under various government sectors like schools, family counselling centres, family court, government hospitals, geriatric centres and HIV/AIDS projects. The personal wellness and professional satisfaction of these counsellors are vital to ensure the excellence of services offered. Understanding the perspective of them is also crucial to bring in the desired changes in the professional outlook from time to time. In the present research, an attempt has been made to study the best practices especially self-care routine adopted by these counsellors to maintain their level of wellness. The impact of counselling practice in their professional quality of life specifically on the level of burn out, secondary traumatic stress and compassion satisfaction are also explored. How do the work-related components make an impact on the quality of life of a counsellor? What are the challenges and concerns faced by the counsellors in their professional life? Which are the measures that need to be implemented to uphold the status of the profession? These are some of the other research questions that animated the inquiry of this study entitled “Self-Care Practices, Professional Quality of Life and Challenges: An Exploration among Counsellors in Kerala”.

Review of Related Literature

The investigator has collected the available major studies carried out in self-care practices, professional quality of life and challenges of counsellors during the last ten years and those studies are being presented sequentially. A systematic approach to the review of the literature was incorporated using the available database through the online medium as well as physical libraries by which information was gathered.

While searching the review of related literature in the field of counselling, it is revealed that the significance of self-care practices(Browning et al. 2019; Stockwell, 2017; Brownlee, 2016; Beaumont, 2016; Bloomsquit et al.2015; Theriault et al. 2015; Goncher et al.2013;Thompson et al. 2011) and the need for keeping a balanced professional quality of life (Wozencroft et al. 2019; Foreman, 2018; Coaston, 2017; Lachman, 2016; Diaconescu, 2015; Russell& Brickell, 2015; Bowen & Moore, 2014; Stamm 2010) for counselling professionals are very well highlighted in the existing literature. The general well-being of a mental health professional is significantly associated with his/her involvement in self-care practices and taking care of self is identified as one of the essential characteristics associated with effective and well-balanced practice (Stockwell, 2017; Glenn etal.2015). Literature indicated that counselling professionals used to face both positive and negative feelings in association with their career (Diaconescu, 2015). As Stamm (2010) highlighted these experiences will impact their professional quality of life. Though both the concepts are getting much attention in the international research perspective, the dearth of Indian studies in both these domains could be identified. The natural friction from a collectivistic society towards an absolute empirical western approach has been highlighted by many of the researchers as one of the major cause of this poor growth in the Indian context (Yadav, 2017; Arulmani, 2007). Even though many strong recommendations for the formalisation of counselling in India happening from 1938 (Acharya Narendra Dev Committee; The Mudaliar Commission, 1952; the Kothari Education Commission, 1964–66; the National Policies on Education; Working Group Reports of various Five Year Plans), the very nature and scope of counselling appear to be inadequately presumed in Indian social and cultural context.

This research gap indicates that the career sustaining behaviours and well-being of the counsellors have not been much inquired in Indian literature. Therefore, questions like which are the most appreciated self-care strategies among Indian counsellors or how the counsellors perceive their professional quality of life remains unanswered, which highlights the need for the present study.

Moreover, it is been observed that though counselling is still struggling in the professionalization movement across the globe (Santos, 2020; James, 2019; Tu et al.2018; Bragin etal. 2018; Parker, Craigen & Durham, 2018; Mwisongo et al. 2015; Farrell, 2013; Stanard, 2013; Guo et al. 2013; Okocha & Alika, 2012; Okech & Muthoni, 2012; Lee, 2012; Isalam, 2012; Kuzmina & Nadyuk, 2012; Sinacore, 2011; Vera, 2011; Wang et al. 2011; Bedi et al. 2011; Bezyak et al. 2010). India is far behind in the process of gaining strong grounds

for the profession in this land. Available Indian studies (Reji & Kaushik, 2019; Nagarajan & Yuvaraj, 2019; Yadav, 2017; Sriram, 2016; Janardanan & Rajan, 2016; Shukla & Tripathi, 2016; Jain & Sandhu, 2015; George & Pothan, 2013; Bhola et al 2012; Sandhu 2011; Arulmani, 2007) are focused mainly on concerns in curriculum development, theoretical adaptations and cultural differences. The individual perceptions about challenges of the professionals are scarcely explored and the majority of the studies approached this research questions in a qualitative way which reduces the generalizability of the results. Therefore the present study identified the need of getting an in-depth individual perception of the practising counsellors about the challenges they encounter on an everyday basis through a mixed approach. Exploring the view of the existing practitioner will give more clarity of the prevailing issues.

But it is also required to incorporate the views and recommendations of expert counsellors to have a much-focused, culturally specific directionality in the formalisation process of counselling.

Research Objectives

General Objective

To study the self-care practices, professional quality of life and challenges of counsellors in Kerala

Specific Objectives

1. To understand the demographic profile of counsellors practising in various settings
2. To assess the self-care practices adopted by counsellors
3. To determine the professional quality of life of counsellors
4. To associate self- care practices and professional quality of life of counsellors with selected demographic variables
5. To understand the relationship between self- care practices and professional quality of life of counsellors
6. To explore the specific concerns and major challenges faced by counsellors working in various settings in the Kerala context
7. To suggest recommendations to meet the challenges of the counselling profession

Parameters in the Study and Operational Definitions

- **counsellor:** A counsellor or a psychotherapist is someone who is employed, either in a voluntary or paid capacity, to use their skills in order to help others understand or explore their emotional problems (BACP, 2016).

In the present study, Counsellor refers to a person who holds at least a post-graduation either in Psychology or in Social Work and working in various government projects under the designation of Counsellor.

- **self- care practices:** The routine positive practices and mindful attention to one's physical, emotional, relational, and spiritual selves in the context of one's personal and professional lives (Wise & Barnett, 2016).

In the present study, Self-care practices refer to the purposeful strategies adopted by the Counsellor as part of their wellness behaviour in the physical, psychological, emotional, spiritual, and professional domains.

- **professional quality of life:** The quality one feels in relation to their work as a helper (Stamm, 2010).

In the present study, Professional quality of life refers to a multifaceted concept which comprises the experiences of burn out, secondary traumatic stress, and compassion satisfaction of the counsellors.

- **challenge:** A difficulty faced while trying to reach a goal.

In the present study, Challenges refer to the concerns presented by the counsellors, which have a direct impact on their professional practice.

Hypotheses

Following are the hypotheses formulated to study the objectives pertaining to Phase I of the study.

1. There is a significant relationship between self-care practices and burn out.

2. There is a significant relationship between self-care practices and secondary traumatic stress.

3. There is a significant relationship between self-care practices and compassion satisfaction.

4. There are significant differences between male and female counsellors on self-care practices and professional quality of life

5. There are significant differences between single and married counsellors on self-care practices and professional quality of life

6. There are significant differences between counsellors on the self-care practices professional quality of life based on their years of work experience

7. There are significant differences between counsellors on self-care practices and professional quality of life based on the location of the practice

8. There are significant differences in the self-care practices and professional quality of life between counsellors based on their work settings

9. There are significant differences between counsellors on self-care practices and professional quality of life based on membership in professional organizations

Design of the Study

The current study was carried out using a multi-phase mixed method design which is a combination of the qualitative and quantitative approaches to collect and analyse data. It has followed a sequential exploratory model. Since this is mixed-method research it involves three phases of research: Phase I of the study adopted a quantitative approach and Phase II and III followed a qualitative approach to attain the objectives of the study.

The details of multiple methods are given below in different phases.

Phase I- Quantitative Strand

The first phase of the study was an investigation of the demographic characteristics, self-care practices and professional quality of life of counsellors through a cross-sectional survey of the population.

Sample

500 counsellors who are practising in urban and rural districts of Kerala under various government projects as school counsellors, family counsellors or HIV/AIDS counsellors were selected as participants of the study using dense sampling method. The total population consists of 900 counsellors at the time of data collection i.e., February 2019.

Tools

1. Personal Profile Form. To understand the profile of the practising counsellors in terms of their socio-demographic details, educational background, years of work experience, clientele and work setting.

2. Self-care Practice Scale (Bloomquist et al, 2015). Self-care practice was measured using a scale developed by Bloomquist et.al. The measure included five domains of self-care practice—physical, professional, emotional, psychological, and spiritual. Internal consistency reliability of the self-care practice scale was tested overall (α=0.90) and for each sub-scale (physical subscale α=0.73; professional subscale α=0.79; emotional subscale α=0.69; psychological subscale α=0.76; spiritual subscale α=0.76).

3. Professional Quality of Life Scale (PROQOL- Version 5, 2009). Professional quality of life was measured using the Professional Quality of Life Scale, version 5 (ProQual-5), developed by Stamm (2005). The ProQOL-5 is a 30-item 5- point Likert scale with three subscales to measure compassion satisfaction, burnout, and secondary traumatic stress. The reliability alpha value is between .84 and .90.

Procedure

After obtaining official permission from respective government departments questionnaires and personal profile form were sent to all counsellors in the provided list via Google form. The informed consent form was also enclosed along with the document. As the utilization of internet technology is part of the job, participants were comfortable to handle questionnaires in Google forms. Reminder e-mails were sent to the mail ids collected from the directorate. The response rate was 55.5%.

Phase II – Qualitative Strand

The second phase of the study adopted a qualitative approach to conduct an in-depth exploration of the existing challenges and major concerns of practising counsellors in Kerala.

Sample

Data has been collected through three focus group discussions carried out separately with family counsellors, school counsellors and HIV/AIDS counsellors. Sample fixed based on the availability, consent and convenience of the counsellors who participated in Phase I. 6 family counsellors, 10 school counsellors and 8 HIV/AIDS counsellors were the participants in the

FGDs. FGDs maintained homogeneity in terms of work setting. The data collection of Phase II has been completed by July 2019.

Tools

A pre-prepared FGD guide was used to conduct the focus group discussions. The questions were prepared based on previous studies and with the help of experts in counsellor education, to keep up the validity.

Procedure

Members for the FGDs were met in advance either personally or over the phone and arranged the venue in accordance with their convenience. The researcher took the help of an expert to moderate the FGDs. The informed consent of the participants was obtained before the FGDs. The entire discussions were audio-recorded. Three FGDs with three different groups of counsellors (School, Family, and HIV/AIDS) were carried out using the same FGD guide. Homogeneity of participants were ensured in terms of their work setting, educational background, monthly income, nature of job, and initial trainings received. As three to six focus groups were reported to be enough to reach the saturation in homogeneous groups (Guest et al, 2017), data gathered through three FGDs with counsellors found to be sufficient to comprehensively understand the context in the present study.

Phase III- Qualitative Strand

The third phase of the study used a qualitative approach to generate recommendations to improve the quality of service of Counselling in Kerala. It was framed as an extension to the concerns raised during Phase II of the study.

Sample

The sampling method adopted was purposive sampling. Respondents recruited were counselling experts from Kerala who have work experience in different settings in the field of counselling. The two criteria for inclusion were (a) to have more than 20 years of experience in the field of counselling (b) to be actively involved in counselling, counsellor education or training. Among the selected 5 participants 2 were males and 3 were females. The period of data collection was August 2019.

Tools

A pre-prepared semi-structured interview schedule was used to conduct the interviews. Questions were framed based on the result of Phase II, which was dealt with the challenges of practicing counsellors. Some of the questions were added during the interviews to collect more relevant information. The four phase process of Interview Protocol Refinement (IPR)

has been used to design the schedule (Castillo-Montoya, 2016). In the first phase congruency of interview questions were ensured, constructed an inquiry-based conversation in phase two, received feedback from experts in the field as part of phase three and did a piloting with the same interview protocol as fourth phase in the process.

Procedure

Appointments with the counsellor experts obtained over the phone and briefed the purpose of the interviews. Then met them personally at their place to conduct the interviews. An outline of the challenges reported by the practising counsellors was shared with the experts after establishing the rapport. The audio-recorded transactions were transcribed to verbatim. To minimise the biases due to language differences back-translation and review by the respondents were also performed.

Tools for Analysis

In Phase I, after the data had been collected, it was tabulated, coded, processed and analysed using SPSS Version 23 statistical software. In Phase II data were subjected to content analysis and frequency of each code was generated. In Phase III data was subjected to thematic analysis and three global themes have emerged.

Findings / Discussion

Phase I

- The sample consists of 500 counselling practitioners hailed from 14 districts in Kerala. This represented an approximate 55.5% response rate based on the total number of counsellors practising in three settings (Family/School/HIV/AIDS) as of February 2019. In the present sample female counsellors (88.2%) largely outnumbered their male counterparts (12 %). Most respondents (52.6%) were between 23 to 33 years of age range. 37 % belongs to 34 to 43 years of age and up to 5 % of the participants were from both 44 to 53 and 54 to 63 years of age. In terms of the religious background of the participants, 39.8 % were from the Christian religion, whereas 41.4 % belongs to Hindu religion and 18.8 % were from Muslim religious background. Majority of the participants were married (78.4 %) and 21.6 % were single. Lion's share of the respondents behold MA or MSc as their highest educational qualification, only 2.2 % were MPhil graduates. Of those who held masters degrees, 71.2 % were in Social Work and 28.8% were in General or Applied Psychology. Nearly all the respondents (93.4 %) were getting a monthly remuneration between 10,000 to 20,000. But 7 % were getting less than 10,000

rupees as their monthly remuneration. In terms of job nature, all the respondents (100 %) were on a full-time contract basis regardless of the setting they are practising in. 56.2 % of the counsellors were on the initial years of their career with an experience of 1-5 years, 33.4 % were practising since the last 6-10 years. Counsellors having 11-15 years and above 15 years of experience individually constitutes 5 % of the sample. 65.8% of counsellors were working among rural clientele, while 34.2 % are practising among urban clientele. When looking at the work setting, above half of the respondents (65.6 %) were from the School setting, 24 % of the sample were HIV/AIDS Counsellors and 10.4 % were Family counsellors. 56.4 % of the counsellors hold a membership in any of the locally established professional bodies related to counselling and 43.6 % held no membership in any of the professional bodies in the field.

- From the descriptive statistics which quantify the mean value of the variables, it is evident that counsellors have a below-average or low interest to engage in Physical, Psychological, Emotional and Professional domains of self-care practices. Professional self-care found to be the one that gets the lowest attention. Whereas among the five domains, counsellors tend to rely more on Spiritual self-care when compared to other dimensions. Previous studies also noted that engaging in spiritual self-care practices is a source of satisfaction and compassionate love for counsellors (Browning et al. 2019; Bowen & Moore, 2014). Besides, the cultural context of the counsellors is highlighted as a contributory factor in the high inclination towards spiritual self-care practices.
- Among the three factors of professional quality of life, counsellors show a nearly high risk in compassion fatigue components i.e., burn out and secondary traumatic stress whereas a low to low moderate experience of compassion satisfaction. Nature of the clientele and work setting, characteristics of the cases and support from the supervisor are the common contributory factors reported towards the professional quality of life of a counsellor (Bowen & Moore, 2014).
- Results revealed that burn out is negatively correlated with self-care practices and its five dimensions. The strongest relationship is between burnout and professional self-care practices which indicates that those who engage more in professional self-care practices may experience a lesser degree of burn out. Secondary traumatic stress is negatively correlated with self-care practices and its sub-dimensions except for spiritual dimension. That means physical, psychological, emotional and professional self-care practices can act as protective factors against the attack of secondary traumatic stress. Compassion

satisfaction found to be positively correlated with self-care practices and its dimensions such as physical, psychological, emotional and professional self-care practices except for spiritual self-care. The findings of the present study are in line with the existing theories and literature in the field of self-care practices and professional quality of life (Orem, 1971, 1980, 1995 & 2001; Pearlman & Carnigi, 2009; Ajzen & Fishbein, 1980).

- Male counsellors were found to have a comparatively higher inclination towards physical, psychological, emotional and professional self-care practices when compared with their female counterparts. Whereas female counsellors credited with a higher preference towards spiritual self-care practices than male counsellors. Both supporting and contrary literature exist (Jennifer, 2015; Browning et al. 2019; Thomas & Morris, 2017; Brownlee, 2016). Like many other societies, females in Kerala also experience the 'double shift,' which demands them to perform their numerous responsibilities at home in addition to the paid job at their respective organizations. This pressure and demand for multiple roles may challenge them from carrying out self-care practices to maintain their well-being. Female respondents of the present study also mentioned about their inability to find out a personal time or relaxation for themselves. Whereas male participants stated that they could find leisure time, go for pleasure trips with friends, and engage in sports activities more often.
- Results found that female counsellors are more at the risk of Burnout and Secondary Traumatic Stress than their male colleagues. The results also revealed that male counsellors can experience more compassion satisfaction from their professional engagements than females. In support of the present result Wozencroft et al. (2019) reported that female counsellors experience a high level of burn out when compared to male counsellors. The comparatively high susceptibility of women towards the risk of compassion fatigue experiences is also discussed in the previous studies (Gleichgerrcht & Decety, 2013; Puranova & Muros, 2010).
- When considering the differences in self-care based on marital status, counsellors who are single found to engage more in physical, professional and total self-care practices than their married counterparts. In line with findings of the present study, The´riault & Gazzola (2006) reported that the struggles in married life, blames from spouse and children and ruminating thoughts of these unfinished businesses in therapy sessions are all negatively affecting self-care practices of married counsellors.
- Any difference in the professional quality of life of counsellors could be established based on their marital status. There is no difference in burn out, secondary traumatic

stress and compassion satisfaction of single and married counsellors. Though number studies discussing the influence of marital status in the professional quality of life of a counsellor are limited, the guilt feelings and forced compromises towards the family responsibilities noted to be significant factors contributing to high compassion fatigue of married counsellors (Kim et al. 2015).

- Counsellors exhibited a difference in self-care practices based on their years of experience in the profession. Those counsellors who have 6-10 years of experience showed comparatively more preference for physical self-care practices than other groups. Whereas more experienced counsellors who have more than 15 years of experience scored high in emotional self-care practices. Data shows that younger counsellors prefer to take care of their physical aspects whereas experienced counsellors give preference to emotional coping strategies.
- Years of experience found to have a significant impact on the professional quality of life counsellors. Results implied that counsellors in the initial years of their profession (1-5 years) are at high risk of secondary traumatic stress when compared to more experienced colleagues. Whereas those who have experience of 6-10 years are undergoing the highest level of burnout. But when considering compassion satisfaction, counsellors with more than 10 years of experience are pretty high in their compassion satisfaction compared to other groups with lesser years of experience. Therefore the result infers that difference in stages of the career significantly impacts the professional quality of life of counsellors. A significantly large number of studies discussed the role of years of experience in the professional quality of life of the counsellors. Both supporting and contrary literature are available (Sprang et al. 2007; Simionato & Simpson, 2017; Thompson et al. 2014).
- Location of the practice not found to be an influencing factor in the selection and administration of self-care practices except in the professional self-care domain. Counsellors practising in urban settings found to be engaging more in professional self-care practices than their colleagues working in rural parts. Participants from the rural area reported their difficulty to take part in the professional development activities that usually happen in urban areas.
- Counsellors working in rural settings are found to be experiencing more burn out and secondary traumatic stress than their urban counterparts. Similarly, counsellors from urban areas reported that they are able to derive comparatively higher compassion satisfaction out of their professional engagements. Living and practising in the extremely

rural area noted to be a risk factor of compassion fatigue (Sprang, Craig & Clark, 2011). Differences in the value system and cultural orientation at the rural places are also reported as contributory factors in this regard.

- When considering self-care practices of counsellors based on their work setting, HIV/AIDS counsellors found to be performing better in physical, psychological, professional and overall self-care practices than school counsellors and family counsellors. Whereas family counsellors are doing better in emotional self-care practices than their colleagues from the other two settings. There is no significant difference in spiritual self-care between three groups of counsellors. Existing literature asserted the role of availability of resources, efficient operation, warmth, trust, support, and cooperation among the colleagues in the workplace are all instrumental in the selection and practice of self-care of counsellors (Bloomquist et al. 2015; Lee & Miller, 2013).
- The result shows that school counsellors are at more risk of burnout and secondary traumatic stress than family counsellors and HIV/AIDS counsellors. Whereas family counsellors can experience more compassion satisfaction in comparison with counsellors from the other two settings. The role of work setting in the professional quality of life of counsellor is amply discussed in the literature. In support of the findings of the present study, Wozencroft et al (2019) also reported that burn out among counsellors depends on the population they are serving. Ill-defined job role and lack of support system in the school are reported by the school counsellors involved in the present study.
- When analysed self-care practices of counsellors based on their membership in a professional counselling association, it is found that those who have membership in professional bodies are engaging more in physical and professional self-care than those who held no membership. The support and structure provided by professional bodies reported to be an influencing factor in these domains (Miller et al. 2018).
- Membership in a professional association not found to be an influencing factor on the professional quality of life of counsellors. There is no difference in the level of burn out, secondary traumatic stress and compassion satisfaction between members and non-members of professional bodies. But earlier studies noted the involvement in a professional association as a significant measure to enhance the wellness of counsellors (Faghri, 2013; ACA, 2010).

PHASE II

- The most demanding concerns mentioned by the counsellors were grouped under six major themes such as Lack of Benefits, Safety Issues, Issues with Professional Identity, Poor Working Condition, Absence of Career Prospects and Lack of Professional Credentials.
- Concerns regarding inadequate salary and absence of other monetary benefits like bonus and superannuation are the major challenges mentioned under lack of benefits. Family counsellors reported that those who are working in the other departments of the same NGO with lower educational qualifications is getting more salary and benefits. Similarly, HIV/AIDS counsellors and school counsellors also talked about issues pertaining to their inadequate salary and other monetary benefits. Absence of risk allowance raised as a major concern by HIV/AIDS counsellors, lack of retirement benefits was mentioned by counsellors across three settings and issues with the inadequacy of leaves were reported by school counsellors.
- Lack of legal safety measures and insurance safety was unanimously reported by the counsellors across settings as one of their major concerns in the safety domain. Some of the counsellors reported about the bad political influences used to play in the legal cases which act as a threat to them. Apprehensions regarding job security and physical safety are also mentioned by counsellors from school setting and HIV/AIDS setting. The lack of permanent nature of the job expressed by many of the counsellors as a constant worry.
- In issues with professional identity, counsellors highlighted keeping confidentiality as the biggest challenge. Unnecessary intrusion from other stakeholders and lack of awareness about the nature of the profession among the general public is found to be real threats in this matter. The absence of support from a professional association was another concern raised by the counsellors. Lack of homogeneity and quality assurance mechanisms within the already existing associations were also identified as factors reducing the effectiveness of the activities executed. Lack of collaboration between these associations is also raised as a concern. Absence of role clarity, lack of respect and recognition and need of an ID card are also discussed. Counsellors reported that due to lack of role clarity an ambiguity exists among counsellors themselves and their colleagues about what they have to do and what not to do. Though family counsellors and HIV/AIDS counsellors didn't raise a concern regarding ID card, school counsellors unanimously presented the issue of not having an ID card. Being part of a system which gives insufficient weightage to the

professional identity of counsellors puts the extra burden for them to prove their identity before their proficiency.

- The key concern raised under poor working conditions was the lack of physical infrastructure. Since family counsellors are working as a part of NGOs they are allotted proper counselling rooms and waiting areas for clients. Therefore physical infrastructure and privacy is not a big worry for them. But infrastructure related issues are real botheration of both HIV/AIDS counsellors and school counsellors. Lack of a separate room, adequate shelves to keep the documents are all the critical worries shared by the counsellors. Other issues reported are lengthy working hours, poorly formed societal perception, high caseload and lack of a reliable referral system. Existence of stigma, lack of acceptance and respect, unrealistic expectations about the immediate outcome are all stressors from the society faced by counsellors.
- Counsellors found it discouraging to sustain in a profession which offers no career prospects like promotion or proper monitoring and supervision mechanism. When it is regarding promotion, all the counsellors participated in all 3 FGDs unanimously reported that there pain of continuing in the same position for long years. Periodic training and lack of orientation while joining the department are also conveyed by the counsellors. Counsellors from family counselling and school counselling backgrounds admitted that a large majority of their colleagues have "started their career without attending a proper orientation programme".
- All the counsellors invariably emphasised the issues regarding the complete absence of credentials in the Indian counselling scenario. Both License & Certification and the need for a National Level Regulatory Body were stressed by almost all the counsellors participated. The emergency of establishing professional credentials for the counselling profession is highlighted by all the counsellors. Participants deeply and painfully narrated their bad experiences due to the lack of a proper mechanism in place to ensure the credibility of the profession.

Phase III

- Interaction with the experts helped in the formation of a set of necessary recommendations for the formalisation and uplifting of the profession. Measures at three levels have been recommended, i.e., Systemic Reformation, Upgrading Academic Formation and Creating Individual Development Plans

Recommendations regarding systemic level consist of 4 major themes such as policy, provision, procedure and prospects**.** When discussing the dire need of systemic reformation in the context of the counselling profession, participants expressed the urgency of having, radical initiatives from the side of the authority to answer many of the questions raised by young practising counsellors. The need for proactively intense and consistent interventions for the development of the profession by bringing changes at the systemic level itself is highlighted by the participants. Establishment of the credentialing system and national level regulatory body are suggested under Policy reformation. The possibilities, importance and obstacles towards achieving this status are also discussed in detail. Issues regarding salary were highlighted by the young counsellors as a constant worry. Implementation of a performance-based wage system was suggested by experts as a solution to this concern. All five experts recommended professional supervision as a mandatory requirement in counselling with great conviction. The advantage of being supervised during the early years of career and the insights gained out of such an experience is also shared by the experts to emphasize the necessity of professional supervision. The significance of implementing a mechanism for monitoring and evaluation was observed by the participants by considering the current context in Kerala where all the counsellors in the government sector are working in specific projects on a contract basis. The corrective, as well as the protective function of monitoring and evaluation, are also underlined by the participants. The urgency of ensuring legal and insurance protection to counselling professionals was another major recommendation by the participants. Under the theme procedure, experts have recommended the need of forming a common format for entry-level assessment to ensure the selection of right persons with right mind-set and skillset, implementation of a standard operating procedure for counsellors in accordance with peculiarities of each setting and a common mechanism to follow in referral service and its follow up. The key element they have recommended in this regard was using a district-wise resource directory for referral services. Prospects consist of suggestions about offering time-based training, implement grading and promotion and promote research opportunities. All the participants observed the significance of conducting general and specific training programmes which may enable counsellors to efficiently handle new trends and issues that unexpectedly popped up in the communities or families. The role of academic institutions as well as governmental agencies was also emphasised by counsellor experts in the design and delivery of training programs for counsellors.

- Recommendations regarding Academic formation consist of teaching and learning strategies and well-being strategies. All the experts very strongly emphasized the importance of focusing on academic institutions, curriculums, additional training and involving counselling trainees in other productive engagements in the classrooms and outside during their formation years itself. As observed by the participants, during those years only they will be able to recognize their own strengths and weaknesses, their preferences in the professional pathway, the necessity of following an ethical code of conduct and the importance of staying updated in the career. Suggestions about teaching and learning strategies emphasize the importance of bringing a unified curriculum with field-specific information, provide adequate field exposure opportunities, adopt an experiential approach for skill development of the students, conduct more supervised practicums and to ensure a minimum of two-month internship to give hands-on experience of handling cases. Well-being strategies highlighted the need of promoting personal therapy, mentoring and peer support mechanisms among counselling trainees at the time of formation with the support of experts in the field, their own professors and seniors in the profession.
- Recommendations concerning Creating Individual Development Plans consists of strategies to attain the goals related to professional growth and personal growth of each counsellor. Experts identified that each counsellor should be self-motivated to set and follow their goals in both aspects. Suggestions regarding professional development mentioned that each counsellor should take initiative for conducting research and publication which may help them to find new platforms for professional growth and networking. Experts also recommended that counsellors have to regularly engage in continuous professional learning and they should be cautious about the quality of such programs. The need for adopting innovative and evidence-based practices is also highlighted. Experts mentioned that counsellors should find time to learn new forms of therapies like creative arts therapy which can catalyse their practice. The nature of their setting and clientele should be considered at the selection and implementation of new therapies. All the participants observed that every counsellor should be careful about maintaining professional boundaries and ethical practice. In personal growth plans, it is suggested to have a habit of periodic self-check to become aware of the weaning effects of professional experiences, religiously follow proper and healthy self-care routines and to develop an attitude to seek support when necessary.

Implications / Suggestions

- The results can act as a knowledge base in the area of self-care practices and professional quality of life of counsellors in Kerala.
- Policymakers will get an overview of the existing profile pattern of the counsellors working in various settings and their concerns.
- These information and insights will be helpful to plan and execute further actions for the development of the profession and professionals.
- The welfare activities and monitoring mechanisms can be developed and implemented to improve the quality of life of counsellors.

Recommendations for further research

- Future studies can be extended to more influencing factors on self-care practices and professional quality of life of counsellors like personality, health condition, financial status etc.
- The involvement of other stakeholders from both the administrative/policy side and beneficiary side may give a wider perspective of the context.
- Representation of counsellors from other states may increase the generalizability of the results.

Limitations of the study

- The present study was conducted in a confined geographical area, i.e., Kerala.
- The counsellors working only in the government sector were considered for the research.

Conclusion

The present study entitled "Self-Care Practices, Professional Quality of Life and Challenges: An exploration among Counsellors in Kerala" provides a detailed understanding about the current status of counsellors in terms of their coping behaviours, positive and negative feelings related with professional experiences and the challenges they are facing in the professional practice. Low inclination towards self-care practices and an imbalanced professional quality of life of counsellors revealed in Phase I of the study is substantiated with the challenges and concerns shared by the counsellors in Phase II. In Phase III in-depth and practical suggestions recommended by the experienced counsellors to mitigate these challenges along with the development of the profession enhances the relevance of the research.

Tentative structure of dissertation (Brief descriptions of the chapters)

The whole study is planning to present in five chapters. The chapters will be organized like:

Chapter I: Introduction (This chapter will give the background of the study, statement of the problem, need for the study, Objectives of the study, Operational Definitions, Hypotheses)

Chapter II: Literature Review (This chapter will comprise of Introduction, Methods of

Searching, Theoretical Explanations of Self- Care Practices & Professional Quality of Life, Review of Self-Care Practices & Professional Quality of Life of Helping Professionals, Challenges and Trends of the Counselling Profession in Global and Indian Context, Conclusions from the Review of Literature)

Chapter III: Method (This chapter will include Design of the Study (research design, sample, tools, procedure & analysis))

Chapter IV: Results and Discussion (This chapter will elaborate on the result of each phase separately with the support of previous literature and integration of three phases at the end of the chapter)

Chapter V: Summary and Conclusion (This chapter will present objectives, design, major findings, conclusion, implications/recommendations & limitations of the study)

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APPENDIX A

Informed Consent Form

Consent to Participate in Research

You are being asked to participate in a research study on "Self-Care Practices, Professional Quality of Life and Challenges: An Exploration among Counsellors in Kerala," conducted by xxxx, PhD Scholar from the Department of Psychology Christ (Deemed to be University), Bangalore. This study is aimed at understanding the self- care practices, professional quality of life, and challenges of counsellors in Kerala. To achieve this aim, I am using two questionnaires, which have 70 statements to which you have to indicate your agreement or disagreement. I kindly request you to first fill in the Demographic Data Sheet, followed by the questionnaire.

The study may require about 20-30 minutes of your time. No physical or psychological harm to you is foreseen because you participated in this study. You may not have any direct gain from this study. However, you are entitled to know the results of this study. The data forms will be coded, and the personal details would be kept confidential. There are no anticipated risks of this study, any more remarkable than everyday computer use in an online Google website environment. Once compiled, survey data that has been exported from the Google Forms database. Every reasonable effort will be made to protect your privacy and information confidentiality. Your name will not be included in any of this survey's forms, questionnaires, etc. This consent form is the only document identifying you as a participant in this study; it will be stored securely in Google Drive, available only to the investigator. The group data would be analysed and published to form the doctoral dissertation, and the same would be published in different forms as research articles.

Your participation in this study is voluntary, and you have the right to refuse to consent or withdraw from the study at any time without giving any reason. If you have any clarification or a question about the study, feel free to contact me through e-mail – xxxx@res.christuniversity.in or over mobile 97xxxxx009.Thank you for your participation.

CONSENT: I have been informed about the study. I have understood that I have the right to refuse my consent or withdraw from the study at any point in time. I am aware that by participating in this study, I may not have any direct gains and that there are no risks involved.

Name of the Participant

……

Signature of Investigator

Date----------

APPENDIX B

Demographic Profile Form

Gender : Male / Female/ Others

Age : …….Years

Religion : Hindu / Muslim / Christian / Others

Marital Status : Married/ Single /Divorced/ Widower

Highest Qualification : Degree/ PG/ M.Phil. / PhD

Subject of Study : Psychology / Social Work

Salary : ……. Rs

Nature of Job : Permanent / Contract/ Full Time / Part Time

Years of Experience : ……Years

Clientele : Urban / Rural

Work Setting : School / Family / Hospital (HIV/AIDS)

Membership in Professional Association : Yes / No

APPENDIX C

Self-Assessment Tool: Self-Care

How often do you do the following? (Rate, using the scale below):

5 = Frequently 4 = Sometimes 3 = Rarely 2 = Never 1 = It never even occurred to me

Physical Self-Care Activity

□ Healthy eating habits

□ Sleep regularly

□ Engage in activity/hobbies Exercise

□ Medical care when needed

□ Preventative medical care

□ Take time to be sexual with self or partner

□ Take time off from work

□ Take a vacation

Professional Self-Care Activity

□ Take time to chat with co-workers

□ Set limits with clients

□ Take breaks during the work day

□ Discuss cases with colleagues

□ Make quiet time to complete tasks

□ Arrange your work space so it is comforting

□ Get regular supervision

□ Diversify your caseload

□ Participate in professional education/training

□ Participate in a peer support group

□ Negotiate your needs

□ Participate in stress management training

Emotional Self-Care Activity

□ Laugh

□ Spend time with those you enjoy

□ Play with children

□ Give yourself praise

□ Allow yourself to cry

□ Take social action

□ Re-watch favourite movie(s)

□ Re-read favourite book(s)

Psychological Self-Care Activity

□ Practice being mindful

□ Read non-work related literature

□ Take time for reflection

□ Set goals for yourself

□ Say “no” to extra activities

□ Develop a plan for caring for yourself

□ Participate in your own therapy

□ Write in a journal

Spiritual Self-Care Activity

□ Pray

□ Visualize yourself having a positive day

□ Sing

□ Spend time with nature

□ Read inspirational literature

□ Spend time in a spiritual community

□ Meditate

□ Practice yoga

APPENDIX D

PROFESSIONAL QUALITY OF IFE SCALE (PROQOL)

Compassion Satisfaction and Compassion Fatigue

(PROQoL) Version 5 (2009)

When you *[help]* people, you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I *[help]*.
3. I get satisfaction from being able to *[help]* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help]*.
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.

21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work

APPENDIX E

Focus Group Discussion Guide

Introduction about the purpose and process of FGD

This is a research study on Self-Care Practices, Professional Quality of Life, and Challenges among Counsellors in Kerala. The second phase of the study is Focus Group Discussion to get in-depth information about the specific concerns and major challenges of Counsellors. The entire FGD will be audio-taped, and the information collected will be used only for the purpose of the research and will be kept confidential. Participation in this FGD is voluntary, and you have the right to refuse to consent or withdraw from the study.

Themes for Discussion

Let us start the discussion by talking about what makes counselling a good profession to be in. 1. Describe some of the positive aspects of working as a counsellor

2. Can you please elaborate on the factors that contribute to your decision to remain in the counsellor's job?

3. What suggestions do you have to improve the working environment/culture of your job as a counsellor?

4a. Let us discuss your impression regarding the Benefits that you are receiving as a counsellor.

4b. Could you please share your concerns regarding those benefits? Probes:

Remuneration (amount, regularity, equality, other monitory benefits…)

Recognitions (appreciations, awards, performance appraisal…)

Progress & Promotion (eligibility/grade, transparency of the process, vacancies…)

5. How do you feel about the Working Conditions that you are currently experiencing? Please share your concerns too. Probes:

Infrastructure (separate room & facilities, privacy, files & access)

Working Time (duration, number of days, provision of leave…)

Location of Work (travelling time, mode of travel, TA, the procedure of transfer…)

6. What is your impression of the current Work Culture of your profession? Probes:

Interpersonal Relationships (Communication with clients, colleagues, superiors & others, recognition from authority & colleagues…)

Gender Sensitivity (Equality/ Discrimination, Benefits/ Promotion/Role in Decision Making, Provision for addressing grievances…)

Safety Aspects (Physical safety, Legal rights, on-call assistance, referral services…)

Job Security (Mode of appointment- Permanent/Project/ Contract, Insurance, PF, Leave including maternity leave…)

Work content/ responsibilities (Role clarity, Amount of work…)

Opportunity, Achievement & Growth (Updating, Advancement, Further Education, Training, Research & Publication…)

Support and Supervision (Monitoring & Evaluation, Provision for Personal Therapy, Association with Professional Bodies, Referral Services…)

Ethical practice

Credentialing

7. Let us summarize some of the key points from our discussion. Is there any other matters that you feel like discussing?

APPENDIX F

Interview Schedule

This is a research study on Self-Care Practices, Professional Quality of Life, and Challenges among Counsellors in Kerala. The third phase of the study is Personal Interview to get recommendations for the development of the counselling profession based on the concerns expressed by the counsellors who participated in Phase I & II of this study. The entire conversation will be audio-taped, and the information collected will be used only for the purpose of the research and will be kept confidential. Participation in this interview is voluntary, and you have the right to refuse to consent or withdraw from the study.

1. Could you describe the early experiences of your professional life as a counsellor?
2. What are the major changes that happened during the progress of your professional life?
3. What is your observation regarding the progression of Counselling as a profession in the Kerala context? (Both in the private and government sectors)
4. What are the necessary measures you can suggest regarding the concerns of young counsellors about lack of benefits? (Salary, Other Monitory Benefits, Retirement Benefits, Risk Allowance &Leave)
5. Could you please share your recommendations to resolve the challenges faced by practising counsellors in various safety aspects (Legal Safety, Insurance, Job Security, &Physical Safety)
6. Lack of professional identity was a great concern reported by the practitioners. What are your suggestions in this regard (Confidentiality, Professional Association, Role Clarity, Respect & Recognition & ID Card)
7. Counsellors shared their apprehensions regarding working in a system with absolutely no career growth. Could you kindly propose some alternative measures that should be implemented in the counselling profession as part of career growth? (Promotion, Monitoring &Supervision, Training & Orientation)
8. Could you please share your thoughts regarding the implementation of a credentialing system for counselling in India (License & Certification and National Level Regulatory Body)
9. What are the other measures you feel necessary to implement in the field of counselling to make it a better profession?

APPENDIX G

Research Conduct and Ethics Committee (RCEC) Approval

CHRIST
(DEEMED TO BE UNIVERSITY)
BANGALORE · INDIA

CENTRE FOR RESEARCH

CU:RCEC/00035/1/19

9 JANUARY 2019

Ms. AROLINE K TOM
Reg No. :1750074,
Department of PSYCHOLOGY
CHRIST (Deemed to be University), Bengaluru

Sub: Ethical Approval of the Study Titled "Self care practies,Professional quality of life and challenges:An exploration among counsellors in Kerala".

The Institutional Ethics committee has reviewed your application for ethical clearance for the Study titled "Self care practies,Professional quality of life and challenges:An exploration among counsellors in Kerala".

The committee has cleared your proposal for data collection after assessing the ethical aspects.

Sincerely,

T.S.Sam

Dr Tony Sam George
(Member Secretary to Ethics Committee)
Additional Director
Center for Research
CHRIST (Deemed to be University), Bengaluru

APPENDIX H

Details of Publications and Conference Presentations

PRESENTATIONS:-

1) **Attitude towards Seeking Professional Counselling Help among College Students**
DATE: 03.01.2019
International Conference on Counselling, Psychotherapy & Wellness,
CHRIST (Deemed To Be University) Bangalore

2) **Compassion Satisfaction, Secondary Traumatic Stress, and Burn Out: A Study on Sessional Quality Of Life among Counsellors in Kerala**
13.12.2019
Synthesize: An International Interdisciplinary Conference (New Work Order: Hopes & Challenges), CHRIST (Deemed to be University) Bangalore

PUBLICATIONS: - (Articles under Peer Review)

1. Article Name- **Burn Out, Compassion Satisfaction, and Secondary Traumatic Stress: A Study on Professional Quality of Life of Counselling Professionals**
Authors:-Aroline K Tom & Dr. Vijayalaya Srinivas
Journal Name: - Perspectives in Social Work

2. Article Name- **Role of Socio-Demographic Factors on Self-Care Practices of Counsellors**
Authors:-Aroline K Tom & Dr. Vijayalaya Srinivas
Journal Name: - Indian Journal of Psychological Science